



DEPARTMENT OF CORRECTIONS POLICIES AND PROCEDURES

Policy No.: DOC 1.3.42	Subject: NOTICE OF TERMINATION AND PAYROLL TRANSACTIONS	
Chapter 1: ADMINISTRATION AND MANAGEMENT	Page 1 of 4, plus 4 attachments	
Section 3: Personnel	Revision Date:	
Signature: /s/ by Director Day 6/19/97	Effective Date: Oct. 1, 1997	

I. POLICY:

It is the policy of the Department of Corrections to establish standards and guidelines for supervisors and employees whenever there is a change of payroll status.

II. AUTHORITY:

2-15-112 (1)(b), MCA. Duties and Powers of the Department Heads
3-0155 M.O.M. Reduction in Work Force
3-0305 M.O.M. Annual Vacation Leave
3-0310 M.O.M. Sick Leave
3-0505 M.O.M. Pay Plan Rules
3-0570 M.O.M. State Employees Group Insurance Benefits Program

III. DEFINITIONS:

Voluntary Resignation means a voluntary, permanent separation initiated by the employee.

Mutual Resignation means a resignation resulting from mutual agreement between the employee and the immediate supervisor.

Reduction in Force means a management action taken for non-disciplinary reasons in which an employee is laid off from his or her position.

Transfer means a change of employment from one agency, facility, or program to another in the same jurisdiction without a break in service.

Discharge for Cause means a termination initiated entirely by the supervisor based upon a cause initiated by the employee that has been determined as not being in the best interest of the Department.

IV. PROCEDURES:

A. Records Required By The Fair Labor Standards Act

The following payroll information is required to be kept by the Employer under the Fair Labor Standards Act. Facilities adopting the attached Employee Compensation Record ([Attachment A](#)) and the Work Schedule For Non-Exempt Employees ([Attachment B](#)), together with the biweekly payroll forms, printouts, and enrollment forms, will be in compliance. The following information will be gathered after hire:

1. Name in Full
2. Home Address
3. Date of Birth (if under 19 years of age)
4. Sex (Mr. - Mrs. - Ms.)
5. Occupation / Classification Title
6. Time of day and day of week on which employee's work week begins
7. Regular hourly rate of pay
8. Hours worked each week
9. Total hours worked each week
10. Total daily or weekly straight time earnings, or wages due for hours worked during the work day or work week, exclusive of premium overtime
11. Total premium pay for overtime hours
12. Total wages paid each pay period
13. Total additions to, or deductions from, wages paid each pay period
14. Date of payment and the pay period covered by payment.

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B. Employee Status Notice

The Employee Status Notice ([Attachment C](#)) will be completed when an employee is hired, or has a change in position number, payroll location, responsibility center, classification or salary.

1. The employee's signature is optional if the employee signs the payroll status form.
2. In the instance of a transfer within the facility/program, only the new supervisor (receiving the employee) is required to complete the form.
3. A copy of this form, or the payroll status form, will be given to the employee and a copy will be placed in the Personnel/Payroll file.

C. Notice of Termination

The notice of termination form ([Attachment D](#)) is used by departing employees and the supervisor to explain a termination for unemployment and rehire purposes.

1. The rehire statement must be consistent with the information in the employee's performance appraisal unless the employee was discharged for a major infraction.
2. The original form will be sent to the Personnel/Payroll file, and a copy to the terminating employee when possible.
3. Individuals who terminate employment are expected to give the Department a minimum of two weeks' notice of intention to resign. In some cases a longer period may be appropriate. A letter of resignation may be submitted to the supervisor; however, a notice of termination form must also be completed.

D. Employee Benefits

Employee benefits will be terminated as of the end of the employee's last day in a pay status except for group health insurance which will continue for a period of time after termination with the possibility of continuation under COBRA guidelines. Employees are encouraged to contact their payroll technician to establish exact insurance termination dates.

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E. Employee Termination Pay

1. When an employee terminates employment, the employee is entitled to cash compensation for:
 - unused sick leave credits equal to one-fourth of the compensation the employee would have received if the employee had used the credits, provided the employee has worked the three-month qualifying period;
 - any outstanding non-exempt compensatory time; and
 - outstanding accumulated holiday time.
2. An employee who terminates employment for a reason not reflecting discredit on the employee is entitled, upon the date of such termination, to cash compensation for unused vacation leave, assuming that the employee has worked the six-month qualifying period.
3. An exempt employee who terminates employment with the Department is allowed, with the approval of the Supervisor, to use 120 hours of accrued compensatory time to extend a termination date.

V. CLOSING:

Questions concerning this policy shall be directed to the Facility/Program Supervisor or Personnel Officer.

Responsibility Center: _____ Labor Contract Seniority Date: _____

[illegible]

MONTANA DEPARTMENT OF CORRECTIONS

EMPLOYEE WORK SCHEDULE FOR NON-EXEMPT EMPLOYEES

Directions: To be completed at the employee-s initial hire and upon change of shift. Original will be sent to Personnel/Payroll file with copy to employee. All information is mandatory except for rest breaks which is optional.

Name of Employee: _____

Classification Title: _____ Position No.: _____

Work Location: _____

Normal Assigned Hours of Work (time of shift): _____ to _____

Normal Assigned Days of Rest: _____ and _____

Normal Assigned Meal Break Period (time during shift): _____ to _____

Normal Assigned Rest Break Time During Shift: _____ to _____

Normal Pay Period Schedule

DATE	DAY OF THE WEEK	TIME OF SHIFT
	Saturday	
	Sunday	
	Monday	
	Tuesday	
	Wednesday	
	Thursday	
	Friday	
	Saturday	
	Sunday	
	Monday	
	Tuesday	
	Wednesday	
	Thursday	
	Friday	

SIGNATURE OF EMPLOYEE

DATE

SIGNATURE OF SUPERVISOR

DATE

MONTANA DEPARTMENT OF CORRECTIONS

EMPLOYEE STATUS NOTICE

*Directions: To be completed when an employee is hired, change in position number, classification, or salary. The signature of the employee is optional if the employee signs a payroll status form. In the instance of a facility/program transfer, a status form will only have to be completed by the *Supervisor whose position the employee is transferring into.*

Employee's Name: _____ **S.S. #:** _____

Facility/Program: _____ **Division:** _____

Section: _____ **Unit:** _____

(Check Appropriate Action)

_____ New Hire _____ Promotion _____ Temporary Employee

_____ Rate Change _____ Transfer _____ Demotion

_____ Title Change _____ Position Number Change

_____ Other (explain): _____

Payroll Location: From: _____ To: _____

Responsibility Center: From: _____ To: _____

Position Number: From: _____ To: _____

Title: From: _____ To: _____

Salary: From: Market Ratio _____ Base Salary _____ Longevity _____ Total

_____ To: Market Ratio _____ Base Salary _____ Longevity _____ Total

SIGNATURE OF EMPLOYEE

DATE

SIGNATURE OF SUPERVISOR

DATE

MONTANA DEPARTMENT OF CORRECTIONS

NOTICE OF TERMINATION

Directions: This form is used by a departing employee and the supervisor to explain a termination for unemployment and rehire purposes. Rehire statement must be consistent with the information in the employee's performance appraisal unless employee was discharged for a major infraction. Original to Personnel/Payroll file and a copy to employee.

To be Completed by the Employee

Name: _____ S.S.No.: _____
 Work Location: _____ Title: _____
 My last day of work will be: (Date) _____. I am terminating my employment with the
 Department of Corrections because: _____

9 Please mail my check(s) to the following address: _____

Please take the following deductions out of my final paycheck: Insurance _____ Saving Bond _____
 Credit Union _____ Other (W4 changes): _____

An application for your Public Employees= or Teachers= Retirement can be filled out at the Personnel/Payroll office. Your retirement check will be mailed to you from Helena approximately six to eight weeks after you receive your last paycheck.

SIGNATURE OF EMPLOYEE

DATE

To be Completed by the Supervisor:

Reason for Termination (check one): **9** Resigned **9** Retired **9** Quit without Notice
 Dismissed: **9** Laid Off **9** Probationary Dismissal **9** Disability **9** End of Temporary Employment

Items to be Explained to Employee:

9 Final Pay Check Procedure **9** Conversion of Health Insurance Plan

Materials Received from Employee:

9 Keys **9** Building Pass **9** Uniform(s) **9** ID Card **9** Credit Cards
9 Other: _____

Do you agree with the above reason given by the employee for termination?

9 Yes **9** No. If No, why not? _____

Eligible for Rehire: **9** Yes **9** No **9** With Reservation

Comments: _____

SIGNATURE OF SUPERVISOR

DATE